## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

**Application or Docket Number** 

|   |   | CLAINS A.                                 | (Column 1)          |                                  | (Column 2)   |                          |     | SMALL ENTITY TYPE |                        |      | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|---------------------|----------------------------------|--------------|--------------------------|-----|-------------------|------------------------|------|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 4.4                 |                                  |              |                          |     | RATE              | FEE                    | 1    | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED        |                                  | NUMBER EXTRA |                          | ВА  | SIC FEE           | 370.00                 | OR   | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=           |                                  | *            |                          | ,   | <b>(\$</b> 9=     |                        | OR   | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =           |                                  | <u>*</u>     |                          |     | X42=              |                        | OR   | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                     |                                  |              |                          |     | 140=              |                        | OR   | +280=                      | 280°                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |                     |                                  |              |                          |     | OTAL              |                        | OR   | TOTAL                      | 100                    |
| CLAIMS AS AMENDED - PART II   |   |   |                     |                                  |              |                          |     |                   |                        |      | OTHER                      | THAN                   |
| _   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |   |                     |                                  |              |                          |     | MALL              | ENTITY                 | OR   | SMALL                      | ENTITY                 |
| <b>AMENDMENT A</b>  |   | REMAINING<br>AFTER<br>AMENDMENT           | ,                   | NUM<br>PREVIO<br>PAID            | BER<br>OUSLY | PRESENT<br>EXTRA         | F   | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Š   | Total   | · 00                                      | Minus               | ** ( )                           | $C_{-}$      | = 6                      | ×   | (\$ 9=            |                        | OR   | X\$18=                     | 0800                   |
| AM  | Independent<br>FIRST PRESE  | * /                                       | Minus<br>ULTIPLE DE | Minus ***  LTIPLE DEPENDENT      |              |                          | >   | (42≃              |                        | OR   | X84=                       |                        |
|   |   |   |                     |                                  |              |                          |     | 140=              |                        | OR   | +280=                      |                        |
|   |   |   |                     |                                  |              |                          |     | TOTAL             |                        | OR   | TOTAL<br>ADDIT, FEE        |                        |
|   |   | (Column 1)                                | /                   |                                  | •            | ADDIII. FEEL             |     |                   |                        |      |                            |                        |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                   | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>OUSLY | (Column 3) PRESENT EXTRA | F   | ATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B   | Total   | . 20                                      | Minus               | -2                               | 6            | = P                      | X   | \$ 9=             |                        | OR   | X\$18=                     |                        |
|   | Independent<br>FIRST PRESE  | NTATION OF ML                             | Minus               | *** c                            | CLAIM        | = 0                      | ×   | 42=               |                        | OR   | X84=                       |                        |
| <b></b>   |   |   |                     |                                  | OD UNI       |                          | +1  | 140=              |                        | OR   | +280=                      |                        |
|   |   |   |                     |                                  |              |                          | 400 | TOTAL<br>IT. FEE  |                        | OR   | TOTAL                      |                        |
|   |   | (Column 1)                                |                     | (Colum                           |              | (Column 3)               | AUU | II. FEE <b>2.</b> |                        | ,    | ADDIT. FEE                 |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA         | R   | ATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus               | **                               |              | =                        | X   | S 9=              |                        | OR   | X\$18=                     |                        |
|   | Independent   | *   | Minus               | ***                              |              | <b>.</b>                 | ×   | 42=               |                        |      | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                     |                                  |              |                          |     |                   |                        | OR   | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                     |                                  |              |                          |     |                   |                        |      |                            |                        |
| ا -   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                     |                                  |              |                          |     |                   |                        |      |                            |                        |
| <b>,</b> 1  | i the "Highest Nur  | nber Previously Pa                        | id For IN THIS      | S SPACE is                       | less than    | 20. enter "20 "          |     |                   |                        | OR A | TOTAL<br>DDIT. FEE         |                        |